

## WITNESS STATEMENT

Completion of this form is voluntary. Make additional copies as necessary

Full Name	Telephone # (home) (       )
Address	Telephone # (work) (       )
City, State and Zip	Position/Title or Relationship to the Victim

ANSWER THE FOLLOWING QUESTIONS WITH AS MUCH DETAIL AS POSSIBLE

Name of victim

Was the victim injured? ☐ YES ☐ NO

If YES, what was the injury?

Is the victim able to give a statement? ☐ YES ☐ NO

What happened? (if necessary attach additional information or documentation)

When did it occur? (date and time)

Where did the incident occur?

☐ At your entity      ☐ During transport      ☐ Another location – explain:

How do you know about it?

Who else has information about this alleged incident?

Do you know of other supporting evidence or information such as photos, tapes, medical records?

☐ YES ☐ NO

If YES, what is the supporting evidence and who possesses it?

PLEASE ATTACH A DETAILED DIAGRAM OF THE INCIDENT, IF NECESSARY TO CLARIFY YOUR STATEMENT

Signature

Date